DOCKET NO.: 246144US0DIV/trc

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Jacques THEZE, et al.

GROUP: 1646

SERIAL NO: 10/727,514

FILED:

December 5, 2003

EXAMINER: MERTZ, Prema Maria

FOR:

PEPTIDES OF IL-2

## SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Office of Initial Patent Examination Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant(s) submit herewith a Supplemental Application Data Sheet for the aboveidentified application for the purpose of removing the Foreign Priority information and to correct the title of the invention.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C. Norman F. Oblon

Fred & Brown

Vincent K. Shier, Ph.D. Registration No. 50,552 Fred L. Braun

Registration No. 56,123

**Customer Number** 

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 06/04)



## SUPPLEMENTAL APPLICATION DATA SHEET

#### APPLICATION INFORMATION

Application Number:: 10/727,514
Application Date:: 12/05/03
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE

Sequence Submission?:: PAPER

Title:: PEPTIDES OF IL-2
Attorney Docket Number:: 246144US0DIV

Total Drawing Sheets:: 16

### INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Jacques
Family Name:: THEZE
City of Residence:: Paris
Country of Residence:: France

Street of Mailing Address:: 3, rue de la Planche

City of Mailing Address::

Country of Mailing Address::

Paris

France

Postal or Zip Code of Mailing Address::

F-75007

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Ralph

Family Name:: ECKENBERG

City of Residence:: Saint Germain en Laye

Country of Residence:: France

Street of Mailing Address:: 27, rue A. Dumas
City of Mailing Address:: Sain Germain en Laye

Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-78100

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Jean-Louis Family Name:: MOREAU

City of Residence:: Paris
Country of Residence:: France

Street of Mailing Address:: 7, rue Falguiere

City of Mailing Address:: Paris
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Michel

Family Name:: GOLDBERG
City of Residence:: Paris Cedex

Country of Residence:: France

Street of Mailing Address:: 25-28, rue du Docteur Roux

City of Mailing Address:: Paris Cedex

Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-75724

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Thierry Family Name:: ROSE

City of Residence:: Paris Cedex 15

Country of Residence:: France

Street of Mailing Address:: 25-28 rue du Docteur Roux

City of Mailing Address:: Paris Cedex 15

Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-75724

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Italy

Status:: FULL CAPACITY

Given Name:: Pedro Family Name:: ALZARI City of Residence:: Paris

Country of Residence:: France

Street of Mailing Address:: 141, rue de Vaugirard

City of Mailing Address::

Country of Mailing Address::

Paris

France

Postal or Zip Code of Mailing Address::

F-75015

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Jean-Claude

Family Name:: MAZIE
City of Residence:: Asnieres
Country of Residence:: France

Street of Mailing Address:: 24, rue des Jardins

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

F-92600

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

### DOMESTIC PRIORITY INFORMATION

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Division of       | 09/720,828           | 03/01/01             |
| 09/720,828       | National Stage of | PCT/IB99/01424       | 07/16/99             |
| PCT/IB99/01424   | 365 (c) of        | 09/116,594           | 07/16/98             |

# **ASSIGNMENT INFORMATION**

Assignee Name::

INSTITUT PASTEUR

Street of Mailing Address::

28 rue du Docteur Roux

City of Mailing Address::

Paris Cedex

Country of Mailing Address::

**FRANCE** 

Postal or Zip Code of Mailing Address::

75724